

Joint Meeting of the
Iowa Mental Health and Disability Services Commission
and the Iowa Mental Health Planning and Advisory Council
May 15, 2013, 12:30 am to 4:30 pm
United Way Conference Center, Conference Room F
1111 9th Street, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Neil Broderick	Zvia McCormick
Richard Crouch	Brett McLain
Jill Davisson	Rebecca Peterson
David Hudson (by phone)	Deb Schildroth
Lynn Grobe	Patrick Schmitz
Betty King	Susan Koch-Seechase
Sharon Lambert	Suzanne Watson
Gary Lippe	Jack Willey

MHDS COMMISSION MEMBERS ABSENT:

Senator Joni Ernst	Representative Lisa Heddens
Senator Jack Hatch	Chris Hoffman
Representative Dave Heaton	Marilyn Seemann

MENTAL HEALTH PLANNING COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	Sharon Lambert
Ken Briggs Jr.	Todd Lange
Jim Chesnik (by phone)	Todd Noack
Jackie Dieckmann	Jim Rixner
Jim Donoghue	Lee Ann Russo (by phone)
Kris Graves	Dennis Sharp
Diane Johnson	Rhonda Shouse
Julie Kalambokidis	Kimberly Wilson
Gary Keller	Ann Wood

MENTAL HEALTH PLANNING COUNCIL MEMBERS ABSENT:

Ron Clayman	Donna Richard-Langer
Virgil Gooding	Brad Richardson
Doug Keast	Joe Sample
Amber Lewis	Kathy Stone
Sally Nadolsky	Kimberly Uhl
Lori Reynolds	

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief, Community Serv. & Planning
Deborah Bandy	Johnson & Johnson
Eileen Creager	Aging Resources
Diane Diamond	DHS, Targeted Case Management
Cheryl Evans-Pryor	Aging Resources
Connie Fanselow	MHDS, Community Services & Planning
Mark Hansen	Iowa Area Agencies on Aging
Gayla Harken	Iowa Association of Community Providers
Becky Harker	Iowa Developmental Disabilities Council
Laura Larkin	MHDS, Community Services & Planning
Sherri Nielsen	Easter Seals Iowa
Liz O'Hara	U of Iowa Center for Disabilities and Development
Chuck Palmer	Director, Iowa Department of Human Services
Renee Schulte	DHS Consultant
Rik Shannon	Iowa Developmental Disabilities Council
Rick Shults	DHS, Administrator MHDS Division
Deb Eckerman Slack	ISAC, County Case Management Services

WELCOME AND CALL TO ORDER

Jack Willey and Teresa Bomhoff called the meeting to order at 12:35 p.m. and led introductions.

MHDS COMMISSION UPDATE

Jack Willey presented an update on the activities of the MHDS Commission, noting that it has been a busy year with consideration attention going to redesign issues. The Commission has reviewed and voted to adopt administrative rules for the use of transition funds and for counties to apply for exemption from joining into regions.

The Core Services Committee, chaired by Patrick Schmitz, has been working with Renee Schulte on developing definitions and rules. They have had three working meetings and have another scheduled for May 29th. They are looking at the law that was passed, what is involved in core and core plus services, and trying to arrive at understandable and reasonable definitions. The goal is to have the rules done for the full Commission to consider at the June meeting since it is about a six month process to establish new rules.

The MHDS Commission generally holds its meetings on the third Thursday of every month. There are 18 voting members and 4 legislative members. Jack said he appreciates the willingness of the legislative members to listen to the concerns of the voting members and share information from their perspective. He noted that he also appreciates the many guests who attend meetings and share their thoughts and input with the Commission.

MENTAL HEALTH PLANNING COUNCIL UPDATE

Teresa Bomhoff presented an update on the activities of Mental Health Planning Council, and shared a packet of information.

The Council has 33 members and meets every other month; it has three purposes:

1. To review the Mental Health Block Grant Plan and makes recommendations to DHS.
2. To service as an advocate for adults with a serious mental illness, children with a serious emotional disturbance and their families, and other individuals with mental illnesses.
3. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

The membership is comprised of:

- 7 Principal State agency representatives
- 6 Public/private entity representatives
- 6 Adults with Serious Mental Illness
- 4 Family members of adults with Serious Mental Illness
- 6 parents or guardians of a child with Serious Emotional Disturbance
- 4 Others, including representative of military veterans

At least 51% of the members must be non-providers.

The MHPC has 3 standing committees and is utilizing 5 workgroups.

The federal Community Mental Health Services Block Grant dollars that come to Iowa are used:

- 70% to support the work of community mental health centers
- 25% to special projects, which have included funding for the Technical Assistance Collaborative (TAC) to assist with redesign, the Office of Consumer Affairs, conferences and stipends, technical assistance provided by the Center for Disabilities and Development, and work on multi-occurring capability by Drs. Minkoff and Cline
- 5% for administrative costs

During the last year the Council has been very involved in:

- Legislative issues, including advocacy for redesign, adequate funding, and Medicaid expansion
- Transitional housing services for adolescents
- Veterans issues

SAMHSA (Substance Abuse and Mental Health Services Administration), the federal agency that administers the Mental Health Block Grant, has a monitoring visit to Iowa scheduled for September 2013.

Teresa also shared information comparing the costs and benefits of Medicaid expansion and the Governor's Health Iowa Plan. She said she strongly supports Medicaid expansion as costing Iowa less, covering more people, and providing more coverage.

IOWA DD COUNCIL UPDATE

Becky Harker, Executive Director of the Iowa Developmental Disabilities Council presented an update on the activities of the Council. The DD Council is a federally funded independent State agency. DHS is the pass through entity for funding and provides some matching supports and funding.

The Council was created by federal legislation, The Developmental Disabilities Assistance and Bill of Rights Act. In addition to State Councils on Developmental Disabilities, the same law also provides for University Centers for Excellence in Developmental Disabilities Education, Research and Service (UCEDDs) and State Protection and Advocacy Systems. In Iowa the UCEDD is the Center for Disabilities and Development at the University of Iowa and the Protection and Advocacy agency is Disability Rights Iowa. All three organizations work to support and provide services for people with developmental disabilities to be integrated, productive, and participating members of their communities.

The Council is an advocate and works to:

- Build capacity of communities to include people
- Advocate for systems change
- Participate in the design of the system with families and individuals

The Council is comprised of 24 members; 60% are people with disabilities or family members, and it includes some mandated State agency representative members. Developmental disabilities include physical and mental impairments that occur before age 22, are permanent, and create life-long needs in 3 or more life goal areas – mobility, education, employment, and activities of daily living.

The Council is a governance board and members determine the priority areas for the State and how resources will be used. Thirty percent of the DD Council's budget goes toward administrative costs and 70% goes toward identified priority areas. Current priority areas are:

- Self-advocacy
- Education and Awareness
- Systems Design/Redesign

DD Council initiatives and activities include:

- Coordinating Advocating for Change Day at the Capitol, which was attended by over 650 people this year.

- ID Action is a DD Council project designed to increase the active participation of Iowans with disabilities in political and civic opportunities that promote positive change. It is a method to gather people to share information and over 8000 people have registered to date. People have identified that they need information, access, competence, and confidence to advocate for themselves. ID Action is an effort to address those needs by providing opportunities to learn and practice skills, a place to get information about what decision makers are doing, and engaging in community outreach by holding community conversations. The ID Action website is at: <http://www.idaction.org/>
- Publishing infoNET to give people the information, tools, resources, and opportunities they need to take action on the issues that are important to them. The goal is not to tell people what to do, but to give them information to make their own decisions. To help people sort out all the information surrounding redesign, they put together the "Advocate's Guide to Mental Health and Disability Services Redesign." Over the last year, the Council held 22 community conversations with over 700 people participating.
- Providing mini grants to self-advocates who want to do something in their community to work toward change.
- Working to put together an Iowa Disability Vote Coalition because they recognize that the 350,000 or so people with disabilities in Iowa should have more influence on public policy than they do.
- Participating on the Family-to-Family Advisory Council.
- Working on guardianship and alternatives to guardianship.
- Facilitating Point Counter Point presentations with attorneys who represent schools, parents, and the Department of Education to discuss special education and other legal issues from their various perspectives.

The ICIE (Iowa Coalition for Integrated Employment) grant project brings together a group of state agencies and other stakeholders to work more intensely on employment goals for youth and young adults (up to age 30) in Iowa. They are engaged in six pilot projects to look at methods of providing services to people with the most significant disabilities that will support them in being employed. The projects are working with people and gathering information at the same time. It is also in school districts throughout the State and the goal is that students will leave school prepared for some kind of employment. There are workgroups looking at:

- How to gather data across agencies and populations
- What it takes for young people to leave school prepared to be successful
- How to move the agenda forward

Becky said the Council is looking for a new member with a developmental disability and she would be glad to hear from anyone who is interested or has a recommendation.

Jill Davisson commented the infoNET is excellent source of information and understandable to anyone who is interested even if they don't have a great deal of background information. Last year InfoNET produced a Guide to MHDS Redesign that is still available at: <http://www.infonetiowa.org/>. It will probably be updated this summer.

UPDATE ON COUNTIES FORMING INTO REGIONS

Theresa Armstrong shared a map showing where regional formation is at the present time. Two counties have requested exemption. Polk County has received an exemption, and the application from Carroll County is still being considered. She asked Commission members to talk about the process from their perspectives.

Deb Schildroth (Story County) said her region includes Madison County, which is non-contiguous to the rest of the counties. There is a provision in House File 160 to allow that. Madison and Boone Counties have had a long relationship and have shared a CPC for a number of years. Jasper County has been newly added to the group. As of yesterday, Deb said they have signed new letters of intent for an 8 county region and they are looking at starting a regional board as of July 1. The 28E agreement is in draft form and being reviewed by DHS and the Attorney General's Office. They have started working on a fiscal agent, and the regional management plan will be the next step. She said this will be a transition year for the administrative structure; they will start with an administrative team that has a chair person and will look at appointing a regional administrator later. Contracts with local providers will continue with each individual county for now.

Jack Willey commented that he has heard a lot of talk about what will happen to CPCs as the regions begin to operate. Deb said her region intends to continue to have a CPC-type person in each county as a point of access, to carry out case management functions, and general assistance functions.

Suzanne Watson (Pottawattamie County) said that nine counties in southwestern Iowa are working together. She said that the final draft of their 28E agreement is being reviewed by the county attorneys and the next challenge will be writing their management plan. She said they are using a CEO (Chief Executive Officer) model and the other CPCs will be service coordinators, so people will be kept in place, but the organizational structural and operation will be different. Suzanne said they will be working on the details over the next year and do not plan to fully implement regional operation until July 2014. She noted that Richard Crouch (Mills County) and Lynn Grobe (Pottawattamie County) are also part of the same regional group.

Jack Willey (Jackson County) said his county is part of a five county eastern Iowa regional that is also the 7th Judicial District. They have had a consultant come in and work with them and plan to be appointing a governance board soon. The 28E

agreement is still being developed. Jill Davisson (Clinton County) said her county is also part of Jack's group. She said that so far they are only together on paper, noting that she appreciates how the consultant has helped them keep emotion out of the discussions and decision making.

Kim Wilson (Clay County) said her county is part of a group of seven in northwestern Iowa. She said they are at about the same place in the process and are working to get agreements in place and iron out details.

Mark Hansen (Dallas County) commented that his county is part of a five county group in central Iowa. He said each county has assigned one supervisor to participate and they are still developing their 28E agreement and working toward a management plan. He said the five counties have three CPCs who work well together. Mark also noted that he works with the Area Agencies on Aging, and their numbers have been reduced from 13 to 6 effective July 1, 2013. The Heritage Agency on Aging and Aging Resources of Central Iowa will not change, but there has been some dismantling and starting over in other areas. He said that he believes the Iowa Department on Aging has done a good job, but there was no appropriation for the reorganization, so service dollars have had to be used. The six new AAA regions will be lead organizing agencies for the Aging and Disability Resource Centers (ADRCs). He invited anyone who would like to be part of a regional team for the ADRCs to contact him.

Todd Lange asked how families and people with lived experience will be involved in regional development. Jack Willey responded that representatives will be included on the governance board. He said it is important that people have an opportunity to be heard. Suzanne Watson said her region plans to have an advisory board and will be seeking input from people served in the development of the management plan. There will also be a public hearing and review process.

Todd Noack asked if there is any way for counties to make information on meetings available to the Office of Consumer Affairs so that they can get the information out to others. Jack Willey indicated an interest in working on that. He said he believes that people will listen and give consumer and family input serious consideration and suggested contacting local county boards of supervisors and asking for the time and place of meetings. Rhonda Shouse expressed frustration that people with lived experience had not been more fully included in the process from the beginning.

Renee Schulte said she wants everyone to know that consumers have been at the table the entire time; that was the expectation and legislative intent. Deb Schildroth noted that counties have existing local advisory councils that will be available to give input as the regions come together, even before the new regional boards are formed. Jill Davisson said that input should be sought before the public hearings if counties expect the hearing to be successful.

Todd Lange said he attended the most recent meeting of the region that Dubuque County is in and was please to head Stephen Trefz talk about a parallel systems of care

group that had been meeting. He said he saw that as a good opportunity for collaboration.

Theresa Armstrong confirmed that five of the emerging regions have utilized technical assistance or facilitators provided by the Department.

Director Palmer said he believes the regional process has gone much better than anticipated and he is very pleased with how things are progressing. The Department has provided technical assistance, but he said counties deserve a lot of credit for the momentum and speed with which they have been moving.

Jill Davisson stressed the importance of building relationships with the people who are being served and are part of our communities.

MHDS UPDATE

Rick Shults and Theresa Armstrong presented an update on DHS/MHDS activities. Rick noted that it is wonderful to see everyone here come together on a regular basis and having continuing conversations to help build relationships and share information with each other that will ultimately result in stronger services. He said he appreciates the commitment of time and talent and sees a lot of good coming out of the conversations.

Rules for Core Services - Development of rules and definitions for core services is continuing. It is necessary to determine where there is flexibility for regions to go further than what is required. The Department is just at the beginning stage of broadening the audience to review what has been drafted so far.

State Facilities – The State facilities are working hard to provide quality services. Independence Mental Health Institute (MHI) has just completed a Joint Commission review and gained accreditation, which is quite an accomplishment. They are continuing to work on infrastructure improvements as well. The Cherokee MHI will be going through the same accreditation process soon.

MH Same Day Access – A group of community mental health centers (CMHCs) are working with a national consultant to develop new and creative approaches to deliver services and provide same day access. Patrick Schmitz said that there is a group of five CMHCs that all belong to the National Council and attended a conference last year where they heard that they need to begin transition to prepare for the coming changes in health care delivery. All five applied for a grant process called the Same Day Access Initiative. Patrick says it is not the kind of grant that provides a lot of money; participants actually pay to be a part of it, but get to work with national consultants called the MTM Services Company that help mental health providers change the way they do business so they are able to say, “come on in” when people call rather than waiting two to three weeks for an appointment. Patrick says it is a fundamental shift in how they are accustomed to doing business, and the new model asks a lot of staff. Therapists meet on monthly basis as a team. They use collaborative documentation,

which means they document the session with the client and the documentation is done when the client leaves; it results in greater engagement with the client and fewer misunderstandings. Patrick said it is about a two-year process to totally change. The CMHCs involved are the Abbe Center, Black Hawk-Grundy Mental Health, Mid-Eastern Iowa Community MH, the MH Center of North Iowa, and Plains Area MH Center. Eyerly Ball is also working on it independently.

Integrated Health Homes (IHH) – The Department is working collaboratively with a lot of different stakeholders in the transition to IHHs. DHS has been meeting with representatives of case management groups, case managers, and CPCs. Focus is also on the areas that are transitioning first. IHH is a new and comprehensive approach to care coordination for people with SMI (Serious Mental Illness) or SED (Serious Emotional Disturbance). It is a new opportunity made available by the Affordable Care Act. It allows the State to use new rules and approaches that have not been available under other forms of care coordination, such as Targeted Case Management (TCM). It can be done in a way that is less siloed, and it also affords the opportunity to measure the results of what is done and hold everyone accountable for those results. Electronic Health Information (EHI) can be shared for better coordination.

Statistics show that people with mental illness die, on average, 25 years earlier than the general population, not because of their mental illness, but because of physical health conditions that are not addressed. A recent study indicated that 40% of medications that individuals with SMI take are contradicted. The IHH model brings together a group of people including a care coordinator, nursing support, and peer or family support to work together in supporting the person to be successful.

The first phase of IHH implementation is starting in five counties of the State July 1, 2013: Polk, Warren, Woodbury, Linn, and Dubuque. The Department has been working with each area and meeting with CPCs, case managers, individuals, and families to organize around the new approach. Rick shared a handout with Frequently Asked Questions. He indicated the FAQs will be updated as new questions arise and information on the process will be shared as it gets underway.

LEGISLATIVE PANEL

The legislative members of the Commission were unable to attend today's meeting because the House and Senate are still in session.

PUBLIC COMMENT

Teresa Bomhoff commented regarding Medicaid expansion and the Governor's Healthy Iowa Plan. She said the plan for the State to file an application for an 1115 Waiver from the federal government and that requires public hearings. Four public hearings have been scheduled for June 3rd and 4th in Des Moines, Sioux City, Davenport, and Cedar Rapids. People can also submit written comments to Deanna Jones at the Iowa Medicaid Enterprise (IME). The application has to be filed by June 28 and there is a

federal comment period after that. There will also be public meetings on integrated health care in Cedar Rapids on June 5th and in Council Bluffs, Des Moines, Waterloo, and Davenport on June 6th. Written comments may also be submitted.

Ann Wood commented that there will be a Peer Support Summit held on June 24 at the Plymouth Congregational Church in Des Moines. It is an opportunity for people to get more information on peer support. Employers, providers, and others are welcome to attend. Contact Todd Lange and the Office of Consumer Affairs for more information.

The meeting was adjourned at 3:35 p.m.

Minutes respectfully submitted by Connie B. Fanselow.